

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000012343

Entity Name: WJ ACADEMICS CENTER, INC

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

1013 LUCERNE AVE  
SUITE 3  
LAKE WORTH, FL 33460

## **New Principal Place of Business:**

## **Current Mailing Address:**

1013 LUCERNE AVE  
SUITE 3  
LAKE WORTH, FL 33460

## **New Mailing Address:**

5065 PALM HILL DR #321  
SUITE 321  
WEST PALM BEACH, FL 33415

FEI Number: 35-2401559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

JOSEPH, WILLIAM  
1013 LUCERNE AVE  
SUITE 3  
LAKE WORTH, FL 33460 US

## **Name and Address of New Registered Agent:**

JOSEPH, WILLIAM PDG  
1013 LUCERNE AVE  
SUITE 3  
LAKE WORTH, FL 33460 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM JOSEPH

04/27/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PDG  
Name: JOSEPH, WILLIAM PDG  
Address: 5065 PALM HILL DR., #321  
City-St-Zip: WEST PALM BEACH, FL 33415 PB

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM JOSEPH

PDG

04/27/2012

Electronic Signature of Signing Officer or Director

Date